

SERFF Tracking Number: SEFL-128194521 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number:
 Company Tracking Number: IND CI PRO
 TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
 Limited Benefit
 Product Name: Ind CI Pro
 Project Name/Number: Ind CI Pro/Ind CI Pro

Filing at a Glance

Company: Assurity Life Insurance Company
 Product Name: Ind CI Pro SERFF Tr Num: SEFL-128194521 State: Arkansas
 TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num:
 - Limited Benefit Closed
 Sub-TOI: H07I.001 Critical Illness Co Tr Num: IND CI PRO State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor
 Author: Kristi Hendrickson Disposition Date: 05/04/2012
 Date Submitted: 04/02/2012 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Ind CI Pro Status of Filing in Domicile: Authorized
 Project Number: Ind CI Pro Date Approved in Domicile: 02/13/2012
 Requested Filing Mode: Review & Approval Domicile Status Comments: Approved
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 05/04/2012
 State Status Changed: 05/04/2012
 Deemer Date: Created By: Kristi Hendrickson
 Submitted By: Kristi Hendrickson Corresponding Filing Tracking Number: SEFL-127892462

Filing Description:
 Form Numbers Form Title
 W H1108 (AR) Critical Illness Policy
 R W1116 (AR) Cancer Benefit Rider
 R W1102 (AR) Cancer Benefit Rider with Recurrence Benefit
 R W1117 Health Screening Benefit Rider
 R W1101 Recurrence Benefit Rider
 OC-W H1108 (AR) Critical Illness Outline of Coverage
 47-404-05053 (R11-11) Critical Illness product page of application

SERFF Tracking Number: SEFL-128194521 *State:* Arkansas
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The above associated rates for the above stated forms are submitted for review and approval. Forms R W1102 (AR) and R W1101 are new and will not replace any previously approved forms.

When approved, the other forms will replace the forms indicated below, which were approved on December 29, 2006 under filing SEFL-125070640, upon approval:

Form Number Form Title
W I220 (AR) Critical Illness Insurance Policy
R WI221 Cancer Benefit Rider
R WI223 Wellness Benefit Rider
OC-W I220 Outline of Coverage
47-404-05053 Critical Illness product page of application

Form W H1108 (AR) is an critical illness policy which pays a lump sum upon diagnosis.

Application form 47-404-05053 (R11-11) will be used with currently pending forms 47-400-05053 (R11-11) and 47-401-05053 (R11-11) in applying for the insurance coverage. Forms 47-400-05053 (R11-11) and 47-401-05053 (R11-11) are pending under filing SEFL-127885845.

Marketing: These forms will be marketed to employers, associations and unions at the worksite where there is an employer/employee relationship, using payroll deduction for premiums.

Form OC-W H1108 (AR) is the corresponding Outline of Coverage for policy for W H1108 (AR).

Form R W1116 (AR) is a cancer benefit rider that may be issued with policy form W H1108 (AR).

Form R W1102 (AR) is a cancer benefit rider with recurrence benefit that may be issued with policy form W H1108 (AR).

Form R W1117 is a health screening benefit rider that may be issued with policy form W H1108 (AR).

Form R W1101 is a recurrence benefit rider that may be issued with policy form W H1108 (AR).

These forms are being simultaneously submitted for review with the group version of these forms under SEFL-127892462.

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State Narrative:

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
P.O. Box 82533 402-437-3452 [Phone]
Lincoln, NE 68501-2533 402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company CoCode: 71439 State of Domicile: Nebraska
P.O. Box 82533 Group Code: Company Type: Life/Health
Lincoln, NE 68501-2533 Group Name: State ID Number:
(800) 276-7619 ext. [Phone] FEIN Number: 38-1843471

Filing Fees

Fee Required? Yes
Fee Amount: \$400.00
Retaliatory? No
Fee Explanation: 50 per form and 50 on rate
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$400.00	04/02/2012	57638025

SERFF Tracking Number: SEFL-128194521 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number:

Company Tracking Number: IND CI PRO

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Ind CI Pro

Project Name/Number: Ind CI Pro/Ind CI Pro

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/04/2012	05/04/2012
Approved-Closed	Rosalind Minor	04/10/2012	04/10/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/03/2012	04/03/2012	Kristi Hendrickson	04/09/2012	04/09/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Appendix 1	Kristi Hendrickson	05/04/2012	05/04/2012
Supporting Document	Health - Actuarial Justification	Kristi Hendrickson	05/04/2012	05/04/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to reopen filing	Note To Reviewer	Kristi Hendrickson	05/02/2012	05/02/2012

<i>SERFF Tracking Number:</i>	<i>SEFL-128194521</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>IND CI PRO</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.001 Critical Illness</i>
<i>Product Name:</i>	<i>Ind CI Pro</i>		
<i>Project Name/Number:</i>	<i>Ind CI Pro/Ind CI Pro</i>		

SERFF Tracking Number:	SEFL-128194521	State:	Arkansas
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Company Tracking Number:	IND CI PRO		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Ind CI Pro		
Project Name/Number:	Ind CI Pro/Ind CI Pro		

Disposition

Disposition Date: 05/04/2012

Implementation Date:

Status: Approved-Closed

Comment:

This submission was re-opened in order for you to replace Appendix 1 and the actuarial memorandum for errors on the Form numbers. The replaced forms are approved effective on this date.

The remainder of the filing will maintain its original approval date of 4/10/12.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: SEFL-128194521 State: Arkansas

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Company Tracking Number: IND CI PRO

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Ind CI Pro

Project Name/Number: Ind CI Pro/Ind CI Pro

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Critical Illness Policy	Approved-Closed	Yes
Form	Critical Illness Policy	Replaced	Yes
Form	Critical Illness Outline of Coverage	Approved-Closed	Yes
Form	Cancer Benefit Rider	Approved-Closed	Yes
Form	Cancer Benefit Rider with Recurrence Benefit	Approved-Closed	Yes
Form	Health Screening Benefit Rider	Approved-Closed	Yes
Form	Recurrence Benefit Rider	Approved-Closed	Yes
Form	Critical Illness product page	Approved-Closed	Yes
Rate (revised)	Appendix 1	Approved-Closed	No
Rate	Appendix 1	Replaced	No

SERFF Tracking Number:	SEFL-128194521	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	
Company Tracking Number:	IND CI PRO		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Ind CI Pro		
Project Name/Number:	Ind CI Pro/Ind CI Pro		

Disposition

Disposition Date: 04/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
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Product Name: Ind CI Pro

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Schedule	Schedule Item	Schedule Item Status	Public Access
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Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Critical Illness Policy	Approved-Closed	Yes
Form	Critical Illness Policy	Replaced	Yes
Form	Critical Illness Outline of Coverage	Approved-Closed	Yes
Form	Cancer Benefit Rider	Approved-Closed	Yes
Form	Cancer Benefit Rider with Recurrence Benefit	Approved-Closed	Yes
Form	Health Screening Benefit Rider	Approved-Closed	Yes
Form	Recurrence Benefit Rider	Approved-Closed	Yes
Form	Critical Illness product page	Approved-Closed	Yes
Rate (revised)	Appendix 1	Approved-Closed	No
Rate	Appendix 1	Replaced	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/03/2012
Submitted Date 04/03/2012
Respond By Date 05/03/2012

Dear Kristi Hendrickson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Critical Illness Policy, W H1108 (AR) (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Company Tracking Number: IND CI PRO

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
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Project Name/Number: Ind CI Pro/Ind CI Pro

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/09/2012

Submitted Date 04/09/2012

Dear Rosalind Minor,

Comments:

Thank you for your correspondence.

Response 1

Comments: The Termination of Child Coverage provision has been revised in compliance with 66-3632 and 66-3705(8).

Related Objection 1

Applies To:

- Critical Illness Policy, W H1108 (AR) (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Critical Illness Policy	W H1108 (AR)		Policy/Contract/Fraternal Certificate	Initial		50.000	WH1108A R.pdf
Previous Version							
Critical Illness Policy	W H1108 (AR)		Policy/Contract/Fraternal Certificate	Initial		50.000	WH1108A R.pdf

No Rate/Rule Schedule items changed.

Thank you for your time and consideration

Sincerely,
Kristi Hendrickson

SERFF Tracking Number: SEFL-128194521 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number:

Company Tracking Number: IND CI PRO

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Ind CI Pro

Project Name/Number: Ind CI Pro/Ind CI Pro

Amendment Letter

Submitted Date: 05/04/2012

Comments:

It was discovered that the form numbers stated on the Actuarial Memorandum and the rate sheet did not match the actual form numbers for the Cancer and Health Screening Riders. The corrected documents are attached and no other changes have been made.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Appendix 1	W H1108 (AR), R W1116 (AR), R W1102 (AR), R W1117, R W1101	New		Rates Only 04302012.pdf
Rates Only 04302012.pdf				

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

Act Memo only 04302012.pdf

Note To Reviewer

Kristi Hendrickson on 05/02/2012 01:06 PM

Kristi Hendrickson

05/02/2012 01:06 PM

Request to reopen filing

It was discovered that the form numbers stated on the Actuarial Memorandum and the rate sheet did not match the actual form numbers for the Cancer and Health Screening Riders. We would like to replace these with the correct versions.

SERFF Tracking Number: SEFL-128194521 State: Arkansas

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Company Tracking Number: IND CI PRO

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
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Form Schedule

Lead Form Number: W H1108 (AR)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 04/10/2012	W H1108 (AR)	Policy/Contract/Certificate	Critical Illness Policy	Initial		50.000	WH1108AR.pdf
Approved-Closed 04/10/2012	OC-W H1108 (AR)	Outline of Coverage	Critical Illness Outline of Coverage	Initial		53.000	OCWH1108AR.pdf
Approved-Closed 04/10/2012	R W1116 (AR)	Policy/Contract/Certificate: Amendment, Insert Page, Endorsement or Rider	Cancer Benefit Rider	Initial		50.000	RW1116AR.pdf
Approved-Closed 04/10/2012	R W1102 (AR)	Policy/Contract/Certificate: Amendment, Insert Page, Endorsement or Rider	Cancer Benefit Rider with Recurrence Benefit	Initial		50.000	RW1102AR.pdf
Approved-Closed 04/10/2012	R W1117	Policy/Contract/Certificate: Amendment	Health Screening Benefit Rider	Initial		51.000	RW1117.pdf

<i>SERFF Tracking Number:</i>	<i>SEFL-128194521</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>IND CI PRO</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.001 Critical Illness</i>
<i>Product Name:</i>	<i>Ind CI Pro</i>		
<i>Project Name/Number:</i>	<i>Ind CI Pro/Ind CI Pro</i>		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- R W1101	Policy/Cont Recurrence Benefit	Initial	51.000
Closed	ract/Fratern Rider		RW1101.pdf
04/10/2012	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- 47-404-	Application/Critical Illness	Initial	51.000
Closed 05053	Enrollment product page		47-404-05053
04/10/2012 (R11-11)	Form		(R11-11).pdf

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

Critical Illness Policy

This is a legal contract between You (the primary Insured Person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and the Initial Premium. We agree to pay this policy's benefits to You while this policy is in force and this policy's provisions have been met.

RENEWAL

This policy is guaranteed renewable for life. That means as long as premiums are paid when due, We cannot cancel or change this policy. We can, however, change the premium rates after this policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all policies in a class after approval or acknowledgement by the state where this policy was issued. You will be given 31 days notice by mail prior to any premium change.

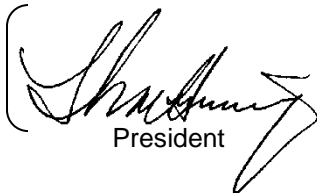
RIGHT TO EXAMINE

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as this policy is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this policy on the Issue Date.


President


Secretary

Guaranteed renewable for life
Company may change premium rates

Representative: [Alex Agent]

Address: [123 Any Boulevard]
[Anytown XX 12345-6789]

Telephone: [(123) 456-7890]

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SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
W H1108 (AR)	Critical Illness Policy	\$[]
	<div> <div>Benefit Amount</div> <div> Primary Insured: \$[5,000 - 100,000] [Spouse: \$[5,000 - 100,000] [Child: \$[5,000 - 10,000] </div> </div>	
[R W1116 (AR)	Cancer Benefit Rider	\$[]
R W1102 (AR)	Cancer Benefit Rider with Recurrence Benefit	\$[]
R W1117	Health Screening Benefit Rider	\$[]
R W1101	Recurrence Benefit Rider	\$[]

Insured Person(s):	Issue Age(s):	Policy Number: []
[] (primary)	[]	Issue Date: []
[]	[]	Initial Premium: []
[]	[]	Premium Mode: []
[]	[]	
[]	[]	
[]	[]	
[]	[]	
[]	[]	

DEFINITIONS

Activities of Daily Living means certain basic daily tasks necessary to maintain an Insured Person's health and safety. Activities of Daily Living refer to the activities described below:

- **Bathing** means washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence** means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **Dressing** means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Eating** means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table), feeding tube or intravenously.
- **Toileting** means getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.
- **Transfer and Mobility** means the ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, wheelchair, cane, crutches, walker or other equipment.

Advanced Alzheimer's Disease means the Diagnosis, by a Physician board certified in Neurology, that an Insured Person exhibits loss of intellectual capacity involving impairment of memory and judgment as measured by cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain). It must result in significant reduction in mental and social functioning such that the Insured Person requires Substantial Assistance in performing at least three of the six Activities of Daily Living (as defined in this policy). No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Advanced Alzheimer's Disease, nor will they be considered a Specified Critical Illness.

Angioplasty means undergoing a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified in Cardiology. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Coma means the Diagnosis, by a Physician board certified in Neurology, that an Insured Person is in a state of unconsciousness from which the Insured Person cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours.

Coronary Bypass Surgery means undergoing coronary artery bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Physician board certified as a Cardiothoracic Surgeon. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Date of Diagnosis means the date the Diagnosis is established by a Physician, who is a board certified specialist where required under this policy, through the use of clinical and/or laboratory findings as supported by an Insured Person's medical records. For a procedure, it is the date an Insured Person undergoes the procedure.

Dependent Child(ren) means any child who is (a) unmarried, (b) younger than age 26 and (c) financially dependent on You.

Diagnosis means the definitive establishment of a Specified Critical Illness through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist where required under this policy.

Due Date means the date renewal premiums are due.

Elimination Period means the 180 consecutive days an Insured Person must be unable to perform two or more Activities of Daily Living. The Elimination Period begins after the Waiting Period.

Foster Child means a minor over whom You have been appointed guardian or foster parent by a court of competent jurisdiction.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Heart Attack means death of the heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

- clinical symptoms, for example, central chest pain;
- diagnostic increase of specific cardiac markers;
- new electrocardiographic changes of infarction; and
- receives a Diagnosis from a Physician.

Established (old) myocardial infarction prior to the Issue Date is excluded.

Immediate Family means the Spouse, father, mother, children or siblings of an Insured Person.

Insured Person(s) means You or any other person(s) insured for the benefits of this policy or any attached rider as listed on the policy Schedule, rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this policy or any attached riders as listed on the policy Schedule or rider Schedule.

Kidney (Renal) Failure means the chronic and irreversible failure of both of an Insured Person's kidneys which requires the Insured Person to undergo periodic and ongoing dialysis. The Diagnosis must be made by a Physician board certified in Nephrology.

Loss of Independent Living means an Insured Person both incurring and receiving a Diagnosis, by a Physician, of the permanent inability to perform two or more Activities of Daily Living.

Major Organ Transplant means the clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of an Insured Person to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Insured Person) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart or pancreas. In order for the Major Organ Transplant to be covered under this policy, the Insured Person must be registered by the United Network of Organ Sharing (UNOS).

Occupational HIV means the infection with the Human Immunodeficiency Virus (HIV) resulting from an accidental injury which occurred in the United States after the Issue Date, and which exposed an Insured Person to HIV-contaminated blood or bodily fluids during the course of the duties of the Insured Person's normal occupation.

Payment under this Specified Critical Illness requires satisfaction of all of the following:

- the accidental injury must be reported to Us within 14 days of the accidental injury;
- an HIV test must be taken within 14 days of the accidental injury and the test results must be negative;
- an HIV test must be taken between 90 days and 180 days after the accidental injury and the test results must be positive; and
- the accidental injury must have been reported, investigated and documented in accordance with workplace legislation and regulations.

The following are excluded:

- HIV infection acquired via sexual transmission;
- HIV infection acquired via IV drug use; or
- HIV infection determined not to be the result of an accidental injury.

Paralysis means the complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a Physician board certified in Neurology. Limb is defined as a complete arm or leg. Paralysis as a result of Stroke is excluded. (Stroke is covered as a separate Specified Critical Illness.)

Physician means a person, other than the Insured Person, a member of the Insured Person's Immediate Family, or a business associate of the Insured Person, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. The Physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under this policy.

Pre-existing Condition means a sickness or physical condition for which, during the 12 months before the Issue Date, an Insured Person:

- had symptoms which would cause an ordinary prudent person to seek Diagnosis, care or treatment; or
- received medical consultation, advice or treatment from a Physician or had taken prescribed medication.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Severe Burns means the Diagnosis, by a Physician board certified as a General Surgeon or Plastic Surgeon, that an Insured Person has sustained third degree burns covering at least 20% of the surface area of the body.

Specified Critical Illness means those conditions specified within this policy for which benefits may be payable.

Spouse means the person to whom You are lawfully married and, if also an Insured Person under this policy, was named on Your application for this policy as Your Spouse at the time You first applied for this policy, or who was added to this policy at a later date. No more than one Spouse may be insured at any given time.

Stroke means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient Ischemic Attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Physician board certified in Neurology.

Substantial Assistance means that physical assistance from another person is required to enable an Insured Person to perform one or more of the Activities of Daily Living (ADLs) as defined in this policy.

Waiting Period means the 30 days following the Issue Date or ten days following the last Reinstatement Date.

We, Us and Our mean Assurity Life Insurance Company.

You and Your mean the primary Insured Person listed on the policy Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Issue Date. Premiums will include any rider premiums. Premiums paid after the first premium are renewal premiums. We may change the renewal premiums as provided in the Renewal section.

Renewal premiums are due on the Due Date. This policy will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This policy will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this policy.

Reinstatement. If premium is not paid by the end of the Grace Period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this policy lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated policy will only cover Specified Critical Illnesses which occur while this policy is in force.

Refund of Unearned Premium. If this policy terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this policy, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

BENEFITS

We will pay a benefit if any Insured Person receives a Diagnosis of one of the Specified Critical Illnesses shown in the chart below if the Date of Diagnosis is after the Waiting Period (for Loss of Independent Living only), the Date of Diagnosis is while coverage under this policy is in force and the Specified Critical Illness is not excluded by name or specific description in this policy.

The amount payable for each Specified Critical Illness is the percentage of the benefit amount payable listed in the chart below multiplied by the Benefit Amount listed on the policy Schedule. The total percentage of the Benefit Amount payable per category of Specified Critical Illnesses is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 2	Advanced Alzheimer's Disease	100%	100%
	Coma	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – not covered in Category 1	100%	
	Occupational HIV	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	
	Loss of Independent Living – not as a result of any Specified Critical Illness included in Category 1	25%	

If any Insured Person receives a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above and then becomes eligible for benefits of another Specified Critical Illness within the same category, the Benefit Amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category. We will pay the benefit under this policy for Coronary Bypass Surgery and Angioplasty only once per lifetime per Insured Person.

After 100% of the Benefit Amount shown on the policy Schedule has been paid for any Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category for that Insured Person.

If benefits have been paid for a Specified Critical Illness within one category for any Insured Person, no benefits will be payable for a subsequent Specified Critical Illness within a different category for that Insured Person unless the Date of Diagnosis of the subsequent Specified Critical Illness is separated by at least 180 days from the Date of Diagnosis of the immediately preceding Specified Critical Illness.

If the Date of Diagnosis of two or more Specified Critical Illnesses is the same day, We will only pay the larger of the Specified Critical Illness benefits.

No benefits are payable for conditions other than the Specified Critical Illnesses.

Loss of Independent Living. We will pay this benefit for any Insured Person once We receive proof from a Physician that such condition is permanent and has continued after the end of the Elimination Period. The benefit under this policy for Loss of Independent Living is payable only once per lifetime per Insured Person.

There is no coverage for Loss of Independent Living if the Insured Person initially incurred or received a Diagnosis of the permanent inability to perform two or more Activities of Daily Living before the end of the Waiting Period.

Return of Premium upon Death of Primary Insured Person. If the primary Insured Person dies while this policy is in force from a cause other than one of the Specified Critical Illnesses, We will return 100% of all premiums paid for the primary Insured Person's coverage under this policy and applicable riders, less any benefits paid for the primary Insured Person under this policy or its applicable riders. We must receive written notice and proof of the primary Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of benefits paid under this policy and applicable riders for the primary Insured Person is equal to or greater than the sum of the premiums paid for the primary Insured Person, there will be no return of premiums.

PRE-EXISTING CONDITION

We will not pay benefits for a Specified Critical Illness that is caused by a Pre-existing Condition unless the Specified Critical Illness starts after this policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

MILITARY SERVICE

You may suspend this policy if You enter active military service. Active military service means actively serving in any armed forces of any country, or unit auxiliary thereto, including the National Guard or Reserve, except for active duty training of less than 60 days. Upon Your written request to suspend Your policy due to active military service, We will refund any unearned premium.

PERSONS INSURED

Persons Eligible on Issue Date. The only people eligible for coverage ("eligible person(s)") on the Issue Date are the primary Insured Person, Spouse, and Dependent Children. Only the Insured Persons on the policy Schedule or added by amendment are covered by this policy.

Persons Who Become Eligible After the Issue Date.

Automatic Coverage. A Dependent Child born to You or, if under age 26, adopted by You, placed for adoption with You or placed as a Foster Child with You shall become an Insured Person from the moment of birth, adoption, placement for adoption or placement as a Foster Child. We must receive written notice and a premium for such Dependent Child within 90 days of birth or before the next premium due date whichever is later, for the child's coverage to continue beyond the initial 90 days of coverage. We must receive written notice and premium for such Dependent Child within 60 days of adoption, placement for adoption or placement as a Foster Child for the child's coverage to continue beyond the initial 60 days of coverage.

The required written notice must include the child's name, gender, date of birth and date of adoption or placement with You, if applicable.

Except as provided above, any others who become eligible after the Issue Date can only become Insured Persons after We approve such eligible person's written application for coverage and all required premiums are paid.

Conversion for Spouse. If this policy includes coverage for Your Spouse and You die, Your Spouse can keep this coverage in force by notifying Us in writing and providing payment within 60 days after Your death. The converted coverage will provide the Spouse the same coverage provided under this policy at the time of conversion. The converted coverage will be subject to the remainder of periods stated in the Time Limit on Certain Defenses section. If this same coverage is no longer offered at the time of conversion, We will issue coverage that is most comparable. Under the new policy the Spouse will become the primary Insured Person.

TERMINATION

Coverage will terminate and no benefits will be payable under this policy or any attached riders on the earliest of the following:

- when any premium due for this policy is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this policy unless Your notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

Termination of Child Coverage. Coverage for a Dependent Child under this policy and any attached riders will terminate when such child establishes residence in a foreign country or no longer meets the definition of Dependent Child.

The attainment of the limiting age for an eligible Dependent Child will not cause coverage to terminate while such child continues to be both:

- incapable of self-sustaining employment by reason of mental or physical handicap; and
- chiefly dependent on You for support and maintenance. For the purposes of this provision, "chiefly dependent" means the eligible Dependent Child receives the majority of his or her financial support from You.

We will require that You provide proof that the Dependent Child is a disabled and dependent person upon the child's attainment of the limiting age. After two years following attainment of the limiting age, We may again require such proof not more frequently than annually. In the absence of such proof, We may terminate the coverage for the Dependent Child after the attainment of the limiting age.

Termination of Spouse Coverage. Coverage for a Spouse under this policy and any attached riders will terminate when such Spouse establishes residence in a foreign country, no longer meets the definition of a Spouse or upon valid decree of divorce unless otherwise specified in the decree.

It is Your responsibility to notify Us of any Insured Person's loss of eligibility. Our acceptance of premium for any person for whom coverage has terminated will not extend coverage for such person, and Our sole liability will be limited to a refund of such premium.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this policy occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and policy number as shown on the policy Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed that You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated.

Time of Payment of Claim. Benefits for any loss covered by this policy will be paid after We receive written proof satisfactory to Us and all other provisions herein are met.

Time of Loss. Benefits will be paid only for a loss which occurs while this policy is in force. Termination of coverage will not affect any claim, provided the covered loss occurred prior to termination of this policy.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, including overpayment made due to fraud or any error We make in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal. Prior to filing any lawsuit against Us, You or Your Beneficiary must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this policy or any attached riders, or be used to deny a claim unless You made the statement in Your application. We can only use application statements if We attach a copy of Your application to this policy.

In the absence of fraud, statements made in Your application are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this policy for any inaccuracy – even an honest mistake.

Agency. Neither any employer, associated company, nor administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your policy rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Issue Date apply. If this policy conflicts with the laws of the federal government or Your state on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this policy and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this policy, such determinations shall be final and conclusive.

Duty of Cooperation. The primary Insured Person and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this policy, which includes the application and any riders, endorsements, amendments or any other papers We have attached. No change in this policy will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Physical Examination and Autopsy. We have the right to have any Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Issue Date, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this policy) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this policy) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this policy.

Time of Coverage. Coverage starts on the Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. This policy may be renewed only as stated in the Renewal section. Each time this policy is renewed, the new term begins when the old term ends.

Workers' Compensation. This policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

CRITICAL ILLNESS POLICY

Guaranteed Renewable for Life
Company may change premium rates

READ YOUR POLICY CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Critical Illness
Outline of Coverage**

- A. READ YOUR POLICY CAREFULLY!** This outline of coverage provides a very brief description of the important features of Your policy. This is not the insurance contract and only the actual policy will control. The policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**
- B.** Critical illness coverage is designed to provide You with a lump sum payment if an Insured Person is Diagnosed with one of the Specified Critical Illnesses named in the policy. A limited benefit is paid for Coronary Bypass Surgery, Angioplasty and Loss of Independent Living. No benefits are payable for basic hospital, medical-surgical or major medical expenses. Coverage is provided for the benefits described in the Benefits section below. The benefits described may be limited as outlined in the Pre-existing Condition and Exclusions sections.

C. BENEFITS

We will pay this benefit if any Insured Person receives a Diagnosis of one of the Specified Critical Illness shown in the chart below if the Date of Diagnosis is after the Waiting Period (for Loss of Independent Living only), the Date of Diagnosis is while coverage under this policy is in force and the Specified Critical Illness is not excluded by name or specific description in this policy.

The amount payable for each Specified Critical Illness is the percentage of the benefit amount payable listed in the chart below multiplied by the Benefit Amount listed on the policy Schedule. The total percentage of the Benefit Amount payable per category of Specified Critical Illnesses is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 2	Advanced Alzheimer's Disease	100%	100%
	Coma	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – not covered in Category 1	100%	
	Occupational HIV	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	
	Loss of Independent Living – not as a result of any Specified Critical Illness included in Category 1	25%	

If any Insured Person receives a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above and then becomes eligible for benefits of another Specified Critical Illness within the same category, the Benefit Amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category. We will pay the benefit under this policy for Coronary Bypass Surgery and Angioplasty only once per lifetime per Insured Person.

After 100% of the Benefit Amount shown on the policy Schedule has been paid for any Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category for that Insured Person.

If benefits have been paid for a Specified Critical Illness within one category for any Insured Person, no benefits will be payable for a subsequent Specified Critical Illness within a different category for that Insured Person unless the Date of Diagnosis of the subsequent Specified Critical Illness is separated by at least 180 days from the Date of Diagnosis of the immediately preceding Specified Critical Illness.

If the Date of Diagnosis of two or more Specified Critical Illnesses is the same day, We will only pay the larger of the Specified Critical Illness benefits.

No benefits are payable for conditions other than the Specified Critical Illnesses.

Loss of Independent Living. We will pay this benefit for any Insured Person once We receive proof from a Physician that such condition is permanent and has continued after the end of the Elimination Period. The benefit under this policy for Loss of Independent Living is payable only once per lifetime per Insured Person.

There is no coverage for Loss of Independent Living if the Insured Person initially incurred or received a Diagnosis of the permanent inability to perform two or more Activities of Daily Living before the end of the Waiting Period.

Return of Premium upon Death of Primary Insured Person. If the primary Insured Person dies while this policy is in force from a cause other than one of the Specified Critical Illnesses, We will return 100% of all premiums paid for the primary Insured Person's coverage under this policy and applicable riders, less any benefits paid for the primary Insured Person under this policy or its applicable riders. We must receive written notice and proof of the primary Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of benefits paid under this policy and applicable riders for the primary Insured Person is equal to or greater than the sum of the premiums paid for the primary Insured Person, there will be no return of premiums.

D. PRE-EXISTING CONDITION

We will not pay benefits for a Specified Critical Illness that is caused by a Pre-existing Condition unless the Specified Critical Illness starts after this policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

E. EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);

- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

F. RENEWABILITY

This policy is guaranteed renewable for life. That means as long as premiums are paid when due, We cannot cancel or change this policy.

G. PREMIUMS

We reserve the right to change the premium rates. If We do this, We can only do it for all policies in Your class. You will be given 31 days notice by mail prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Cancer Benefit Rider. We will pay this benefit if any Insured Person receives a Diagnosis of Invasive Cancer or Carcinoma in Situ.

Cancer Benefit Rider with Recurrence Benefit. We will pay the Cancer Benefit if any Insured Person receives a Diagnosis of Invasive Cancer or Carcinoma in Situ. We will pay the Recurrence Benefit if any Insured Person receives a Diagnosis for a second time of the same Specified Critical Illness for which the cancer benefit has been previously paid under this rider.

Health Screening Benefit Rider. We will pay \$50 per Calendar Year for each Insured Person when a charge is incurred for one of the test/exams listed in the rider.

Recurrence Benefit Rider. We will pay a benefit if any Insured Person receives a Diagnosis for a second time of the same Specified Critical Illness for which the benefit has been previously paid under the policy.



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Cancer Benefit Rider

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After the rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given 31 days notice by mail prior to any premium change.

SCHEDULE

Insured Person(s):	[Primary Insured] (primary) [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Issue Date:	[Issue Date]
Benefit Amount:	
Employee:	[\$5,000 - \$100,000]
[Spouse:	\$5,000 - \$100,000]
[Child:	\$5,000, \$10,000]

DEFINITIONS

Carcinoma in Situ means a Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in Situ includes, but is not limited to (a) the Diagnosis of early prostate cancer as T1N0M0 or equivalent staging and (b) melanoma not invading the dermis.

Skin malignancies other than melanoma, pre-malignant lesions (such as intraepithelial neoplasia) or benign tumors or polyps are not considered to be Carcinoma in Situ.

The Diagnosis of Carcinoma in Situ must be pursuant to a Pathological or Clinical Diagnosis.

Clinical Diagnosis means the Diagnosis of Invasive Cancer or Carcinoma in Situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Physician is treating the Insured Person for Invasive Cancer and/or Carcinoma in Situ.

Invasive Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia and lymphoma are included.

While not an exhaustive list, the following conditions are not considered to be Invasive Cancer: (a) pre-malignant lesions (such as intraepithelial neoplasia), (b) benign tumors or polyps, (c) early prostate cancer as T1N0M0 or equivalent staging, (d) Carcinoma in Situ or (e) any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

The Diagnosis of Invasive Cancer must be pursuant to a Pathological or Clinical Diagnosis.

Pathological Diagnosis means a Diagnosis of Invasive Cancer or Carcinoma in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician who is board certified in Pathology and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Specified Critical Illness means those conditions specified within this rider for which benefits may be payable.

BENEFITS

We will pay a benefit if any Insured Person receives a Diagnosis of Invasive Cancer or Carcinoma in Situ if the Date of Diagnosis is after the Waiting Period, the Date of Diagnosis is while coverage under this rider is in force and the Specified Critical Illness is not excluded by name or specific description in this rider or the policy.

The amount payable for each Specified Critical Illness is the percentage of the benefit amount payable listed in the chart below multiplied by the rider Benefit Amount listed on the rider Schedule.

Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Rider
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	

If an Insured Person receives benefits for Carcinoma in Situ and later receives a Diagnosis of Invasive Cancer, the remaining rider Benefit Amount for that Insured Person will be paid. We will pay the benefit for Carcinoma in Situ only once per lifetime per Insured Person.

No benefits are payable for conditions other than Invasive Cancer and Carcinoma in Situ as defined in this rider.

LIMITATION

We will not pay benefits for a Specified Critical Illness if during the Waiting Period an Insured Person:

- receives a Diagnosis of Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which would cause an ordinary prudent person to seek medical advice or treatment and leads to a Diagnosis of Invasive Cancer or Carcinoma in Situ.

GENERAL PROVISION

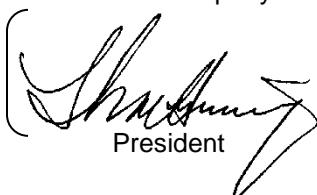
In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Cancer Benefit Rider
with Recurrence Benefit**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After the rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given 31 days notice by mail prior to any premium change.

SCHEDULE

Insured Person(s):	[Primary Insured] (primary) [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Issue Date:	[Issue Date]
Benefit Amount:	
Employee:	[\$5,000 - \$100,000]
[Spouse:	\$5,000 - \$100,000]
[Child:	\$5,000, \$10,000]

DEFINITIONS

Carcinoma in Situ means a Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in Situ includes, but is not limited to (a) the Diagnosis of early prostate cancer as T1N0M0 or equivalent staging and (b) melanoma not invading the dermis.

Skin malignancies other than melanoma, pre-malignant lesions (such as intraepithelial neoplasia) or benign tumors or polyps are not considered to be Carcinoma in Situ.

The Diagnosis of Carcinoma in Situ must be pursuant to a Pathological or Clinical Diagnosis.

Clinical Diagnosis means the Diagnosis of Invasive Cancer or Carcinoma in Situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Physician is treating the Insured Person for Invasive Cancer and/or Carcinoma in Situ.

Invasive Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia and lymphoma are included.

While not an exhaustive list, the following conditions are not considered to be Invasive Cancer: (a) pre-malignant lesions (such as intraepithelial neoplasia), (b) benign tumors or polyps, (c) early prostate cancer as T1N0M0 or equivalent staging, (d) Carcinoma in Situ or (e) any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

The Diagnosis of Invasive Cancer must be pursuant to a Pathological or Clinical Diagnosis.

Pathological Diagnosis means a Diagnosis of Invasive Cancer or Carcinoma in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician who is board certified in Pathology and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Specified Critical Illness means those conditions specified within this rider for which benefits may be payable.

Symptom and Treatment-Free means free of any symptoms (the subjective evidence of disease or physical disturbance observed by a medical professional or the Insured Person) and free of any treatment (medical care, prevention or management of any Specified Critical Illness listed in this rider including services of a radiologist, pathologist or other Physician). Maintenance drugs and routine follow-up office visits are not considered treatment.

BENEFITS

Cancer Benefit. We will pay a benefit if any Insured Person receives a Diagnosis of Invasive Cancer or Carcinoma in Situ if the Date of Diagnosis is after the Waiting Period, the Date of Diagnosis is while coverage under this rider is in force and the Specified Critical Illness is not excluded by name or specific description in this rider or the policy.

The amount payable for each Specified Critical Illness is the percentage of the benefit amount payable listed in the chart below multiplied by the rider Benefit Amount listed on the rider Schedule.

Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Rider
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	

If an Insured Person receives benefits for Carcinoma in Situ and later receives a Diagnosis of Invasive Cancer, the remaining rider Benefit Amount for that Insured Person will be paid. We will pay the cancer benefit for Carcinoma in Situ only once per lifetime per Insured Person.

No benefits are payable for conditions other than Invasive Cancer and Carcinoma in Situ as defined in this rider.

Recurrence Benefit. We will pay a benefit if any Insured Person receives a Diagnosis for a second time of the same Specified Critical Illness for which the cancer benefit has been previously paid under this rider if:

- the Insured Person was Symptom and Treatment-Free for a period of at least 18 consecutive months between the first Date of Diagnosis and the second Date of Diagnosis of the same Specified Critical Illness; and
- the second Date of Diagnosis of the same Specified Critical Illness is while coverage under this rider is in force.

The amount payable is 50% of the Specified Critical Illness benefit previously paid for that same Specified Critical Illness under this rider. The recurrence benefit is payable only once per lifetime for each Insured Person.

LIMITATION

We will not pay benefits for a Specified Critical Illness if during the Waiting Period an Insured Person:

- receives a Diagnosis of Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which would cause an ordinary prudent person to seek medical advice or treatment and leads to a Diagnosis of Invasive Cancer or Carcinoma in Situ.

GENERAL PROVISION

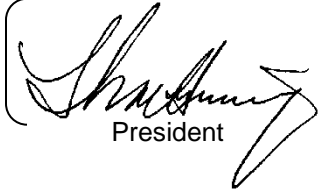
In this rider, “policy” means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

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**Health Screening
Benefit Rider**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After the rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given 31 days notice by mail prior to any premium change.

SCHEDULE

Insured Person(s):	[Primary Insured] (primary)
	[Spouse]
	[Child 1]
	[Child 2]
	[Child 3]
	[Child 4]
	[Child 5]
	[Child 6]
	[Child 7]
Issue Date:	[Issue Date]

DEFINITIONS

Calendar Year means the period of time that begins on January 1 and ends on December 31 of the same year.

REINSTATEMENT

If premium is not paid by the end of the Grace Period, this rider will lapse (will not be in force). If You want this rider reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of the policy lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this rider may be reinstated with payment of any premium due. This rider will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this rider will be reinstated without approval 45 days after You apply for reinstatement.

The reinstated rider will only cover charges incurred after the Reinstatement Date.

BENEFIT

We will pay \$50 per Calendar Year for each Insured Person when a charge is incurred for one and only one of the following after the Waiting Period:

- blood test for triglycerides;
- CA 19-9 (blood test for pancreatic cancer);
- fast blood glucose test;
- hemocult stool analysis;
- PSA (blood test for prostate cancer);
- pap smear;
- biopsy for skin cancer;
- bone marrow biopsy and aspiration;
- breast ultrasound;
- CA 15-3 (blood test for breast cancer);
- CA 125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer and cervical cancer);
- chest x-ray;

- colonoscopy;
- flexible sigmoidoscopy;
- mammography;
- serum cholesterol test to determine level of HDL and LDL;
- serum protein electrophoresis (blood test for Myeloma);
- stress test (bicycle or treadmill); or
- thermography.

Once We have paid \$50 under this rider for any Insured Person in a Calendar Year, that Insured Person is ineligible for any additional payments under this rider in that Calendar Year.

GENERAL PROVISION

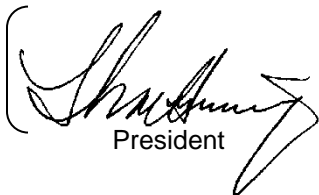
In this rider, “policy” means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

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**Recurrence
Benefit Rider**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After the rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given 31 days notice by mail prior to any premium change.

SCHEDULE

Insured Person(s): [] (primary)
[]
[]
[]
[]
[]
[]
Issue Date: []

DEFINITIONS

Symptom and Treatment-Free means free of any symptoms (the subjective evidence of disease or physical disturbance observed by a medical professional or the Insured Person) and free of any treatment (medical care, prevention or management of any Specified Critical Illness listed in the policy including services of a radiologist, pathologist or other Physician). Maintenance drugs and routine follow-up office visits are not considered treatment.

BENEFITS

We will pay a benefit if any Insured Person receives a Diagnosis for a second time of the same Specified Critical Illness for which a benefit was previously paid under the policy if:

- the Insured Person was Symptom and Treatment-Free for a period of at least 18 consecutive months between the first Date of Diagnosis and the second Date of Diagnosis of the same Specified Critical Illness; and
- the second Date of Diagnosis of the same Specified Critical Illness is while coverage under this rider is in force.

The amount payable is 50% of the Specified Critical Illness benefit previously paid for that same Specified Critical Illness under the policy. Benefits under this rider are payable only once per lifetime for each Insured Person in each category.

ENTIRE CONTRACT

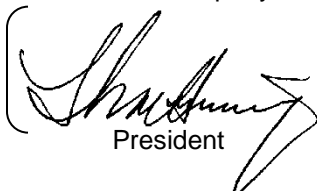
In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

TERMINATION

Coverage will terminate and no benefits will be payable on the earliest of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

CRITICAL ILLNESS

During the past **12 months**, has any Proposed Insured used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? Employee: ☐ Yes ☐ No
 Spouse: ☐ Yes ☐ No

Insured Options <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Benefit Options Employee Benefit Amt. \$ _____ Spouse Benefit Amt. \$ _____ Child Benefit Amt. <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	Riders <input type="checkbox"/> Cancer Benefit Rider <input type="checkbox"/> Cancer Benefit Rider with Recurrence Benefit <input type="checkbox"/> Health Screening Benefit Rider <input type="checkbox"/> Recurrence Benefit Rider <input type="checkbox"/> Other (specify) _____	Premium Amt.
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HEALTH SECTION

- During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received? **If YES, please provide complete details in #7 below.** ☐ Yes ☐ No
- During the past **10 years**, has any Proposed Insured had or been advised to have an organ or tissue transplant, or consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the heart (*including heart attack, heart condition, congestive heart failure, heart valve disorder*), circulatory system (*including peripheral vascular disease, carotid artery disease*), liver, lungs (*excluding asthma but including chronic obstructive pulmonary disease (COPD) and emphysema*), kidneys or pancreas, hepatitis (*other than type A*), stroke, transient ischemic attack (*TIA*), insulin-dependent diabetes, dementia, Alzheimer's disease, paralysis, multiple sclerosis (*MS*), muscular dystrophy (*MD*) or alcohol or drug abuse? **If YES, please provide complete details in #7 below.** ☐ Yes ☐ No
- During the past **6 months**, has any Proposed Insured had any blood pressure readings of 160/100 or higher? **If YES, please provide complete details in #7 below.** ☐ Yes ☐ No
- During the past **10 years**, has any Proposed Insured needed assistance or personal supervision to perform any activities of daily living (*toileting, transferring, continence, eating, bathing or dressing*)? **If YES, please provide complete details in #7 below.** ☐ Yes ☐ No
- If applying for either Cancer Rider:** During the past **5 years**, has any Proposed Insured ever consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for internal cancer, leukemia, lymphoma, Hodgkin's disease, melanoma, malignant tumors or carcinoma in situ? **If YES, please provide complete details in #7 below.** ☐ Yes ☐ No
- If applying for either Cancer Rider:** During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received? **If YES, please provide complete details in #7 below.** ☐ Yes ☐ No

7. DETAILS: Enter complete details from questions 1-6 below. If additional space is needed, attach a separate sheet of paper.

Question No.	Name (First, Middle, Last)	Relationship to Insured	Date(s) of Condition (MM/DD/YYYY)	Health Condition and Details	Medical Care Provider's Name/Address/Phone



SERFF Tracking Number:	SEFL-128194521	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	
Company Tracking Number:	IND CI PRO		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Ind CI Pro		
Project Name/Number:	Ind CI Pro/Ind CI Pro		

Rate Information

Rate data applies to filing.

Filing Method:	Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: SEFL-128194521 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number:

Company Tracking Number: IND CI PRO

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Ind CI Pro

Project Name/Number: Ind CI Pro/Ind CI Pro

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved- Closed 05/04/2012	Appendix 1	W H1108 (AR), R New W1116 (AR), R W1102 (AR), R W1117, R W1101			Rates Only 04302012.pdf

Appendix 1
Assurity Life Insurance Company
Critical Illness Worksite Plan Annual Premiums

		Base Plan W H1108 Per \$1,000 Benefit	Cancer Benefit Rider R W1116 Per \$1,000 Benefit	Health Screening Benefit Rider R W1117 \$50 Benefit	Cancer Rider with Recurrence Benefit R W1102 Per \$1,000 Benefit	Base Recurrence Rider R W1101 Per \$1,000 Benefit
Employee						
Issue Ages 18-39						
	Non-Smoker	3.26	1.76	10.97	1.81	0.09
	Smoker	4.84	2.30	10.97	2.39	0.30
Issue Ages 40-49						
	Non-Smoker	8.35	8.00	18.90	8.41	0.69
	Smoker	15.92	10.38	18.90	11.35	2.71
Issue Ages 50-59						
	Non-Smoker	16.86	17.15	25.32	18.04	1.97
	Smoker	34.23	22.25	25.32	24.60	7.87
Issue Ages 60-64						
	Non-Smoker	35.87	32.22	31.84	33.66	3.90
	Smoker	72.53	41.68	31.84	45.89	17.53
Issue Ages 65-69						
	Non-Smoker	55.40	46.45	37.40	49.02	6.68
	Smoker	108.59	59.95	37.40	67.41	27.90
Issue Ages 70+						
	Non-Smoker	106.83	82.45	45.97	84.62	19.62
	Smoker	205.70	107.46	45.97	116.50	47.03
Spouse						
Issue Ages 18-39						
	Non-Smoker	1.62	1.91	13.61	1.96	0.08
	Smoker	3.05	2.45	13.61	2.56	0.26
Issue Ages 40-49						
	Non-Smoker	6.16	8.25	20.81	8.65	0.62
	Smoker	12.89	10.54	20.81	11.51	2.35
Issue Ages 50-59						
	Non-Smoker	13.94	16.58	26.47	17.38	1.82
	Smoker	29.62	21.19	26.47	23.36	6.93
Issue Ages 60-64						
	Non-Smoker	31.79	29.91	32.44	31.16	3.60
	Smoker	65.48	38.17	32.44	41.82	15.52
Issue Ages 65-69						
	Non-Smoker	50.60	42.51	37.73	44.68	6.29
	Smoker	100.35	54.15	37.73	60.47	25.12
Issue Ages 70+						
	Non-Smoker	100.53	74.91	45.59	76.78	19.36
	Smoker	194.65	96.26	45.59	104.08	44.02
Child						
	Uni-Smoker	0.39	0.27	3.50	0.30	0.05

SERFF Tracking Number: SEFL-128194521 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number:

Company Tracking Number: IND CI PRO

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Ind CI Pro

Project Name/Number: Ind CI Pro/Ind CI Pro

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/10/2012
Comments:		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	04/10/2012
Bypass Reason: It is on form schedule		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	05/04/2012
Comments:		
Attachment: Act Memo only 04302012.pdf		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	04/10/2012
Bypass Reason: On the form Schedule		
Comments:		

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word XP program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): W H1108 et al

Type of Form: Critical Illness

Form No.	Description	Flesch Score
W H1108 (AR)	Critical Illness Policy	50.0
OC-W H1108 (AR)	Critical Illness Outline of Coverage	53.0
R W1116 (AR)	Cancer Benefit Rider	50.0
R W1102 (AR)	Cancer Benefit Rider with Recurrence Benefit	50.0
R W1117	Health Screening Benefit Rider	51.0
R W1101	Recurrence Benefit Rider	51.0
47-404-05053 R11-11)	Critical Illness Product Page	51.0



Signature

March 27, 2012

Date

Carol S. Watson
Vice President, General Counsel & Secretary

SERFF Tracking Number: SEFL-128194521 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number:

Company Tracking Number: IND CI PRO

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit

Product Name: Ind CI Pro

Project Name/Number: Ind CI Pro/Ind CI Pro

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/22/2012	Rate and Rule	Appendix 1	05/04/2012	Rates only.pdf (Superceded)
03/22/2012	Supporting Health - Actuarial Justification Document		05/04/2012	Act Memo - CI Individual Plan (w App1).pdf (Superceded)